



City of Greenwood Department of Stormwater Management  
300 South Madison Ave, Greenwood, IN 46142  
(317) 887-4711

## **Request for Stormwater Nuisance Investigation**

**Name and Address of Requesting Party:**

Name \_\_\_\_\_

Address \_\_\_\_\_

**Name and Address of property affected by alleged Stormwater Nuisance:**

Name \_\_\_\_\_

Address \_\_\_\_\_

**Name and Address of property on which source of alleged nuisance exists:**

Name \_\_\_\_\_

Address \_\_\_\_\_

**Please give a general description of the source and nature of the alleged nuisance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the actions necessary to abate the nuisance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you discussed the matter with the party responsible for the alleged nuisance? \_\_\_\_ Yes \_\_\_\_ No**

**If so, please describe the substance of the discussion:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please attach site photographs or other documentation you believe might assist the investigation.  
Please attach proof of payment of the investigation fee.**

\_\_\_\_\_  
Requesting Party

\_\_\_\_\_  
Date